)	2411 N. Charles St., Baltimore 1640
CER	TIFICATE OF DEATH Reg. Dist. No. / 8
1. PLACE OF DEATH: County	City or fown (If outside city or town fimits, write RURAL and give nearest town) Sireet No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Louis THOM	475 ANDREWS 3. (b) Social Security Number
Male Thite Hidowed	MEDICAL CERTIFICATION EST
6.(b) Name of husband of wife Cenith andre	21. I CERTIFY that death occurred on the date above stated: that I atlanded deceased from
	years and that I last saw h alive on 19
7. Birth date of deceased (mo., day, yr.) march 18 1860	Immediate cause of death
8. AGE: Years Months Days If less than one	day Gums HOT WOUND LEFT CHEST
9. Birthplace Co. (Town, coupy, and state)	C Due to.
10. Usual occupation	Due to.
11. Industry or business Carpenter	
12. Name Mobilett andrews 25 13. Birthplace allegranes Co.	Other condition ARTERIOSE A EROTIC
	(include pregnancy within 3 months of death)
14. Maiden name Menous	Major findings of operations
2 15. Birthplace	Date of op.
16, Informant	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Edgewood, May	
17. Burial Date thereof (month)	(Accident, suicide, or homicide (Fear)
Cemelery or crematory frammony	Where did injury occur CHURCHUILLE HARBAD (County) (State)
Location Day 60 19	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury / 2 C7. SHOTEUN Injured at work?
Address a artington of	23. SIGNATURE
19. (Dylo rec'd by registrar)	Registrar Address Herdery Registrar Date signed & Aguret

RECT MAY 12 1947 BURNA

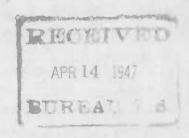
CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: 2. 7 How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION
6.(b) Name of husband or wite Clara M. Baldwin 5.(c) It alive, give age 56 years 7. Birth date of deceased (mo., day, yr.) Sept. 17, 1878	and that I last saw to Mallire on
8. AGE: Years Months Days It less than one day 6. 8. G. 23 hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to Cause of death DURATION Due to Cause of death DURATION Due to Cause of death DURATION DURATION
11. Industry or business. 12. Name ————————————————————————————————————	Diher conditions (Include pregnancy within 3 months of death)
14. Maiden name anna 6. Forsyttee 15. Birthplace 16. Informant Alas Clara M. Baldwin	Major findings of operations
Address Havr de Grace Md. 17. Burial Date thereof (month) (day) (year) Cemetery or crematory Manual Hall Hall	PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Location Vary da Erace Ma. 18. Funeral director Address Varia de Erace Mitchell Address Varia de Erace Mid.	Injured at home, tarm, Industry, public place (where?) Misens of injury Injured at work?
19. A. L. Lewis In (Datefree'd by registrar) Registrar	Address aura de frace mo Date signed 4-10-4

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correctage is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

A15 SN



The state of the s

FEMALES SERVICES

WRITE

ASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

CERTIFICATE OF DEATH

Reg. Dist. No. 153 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) or town limits, write RURAL and give nearest town) (If rurai, give LOCATION) 2.(a) If veteran, name war... 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **OURATION** (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Msens of Injury Injured at work?

rrect 1. PLACE OF DEATH: legibly How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?.. 3. (a) FULL NAME 4. Sex 65 S.(c) If alive, give age .. write 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Id 10. Usual occupation. important. PLAINLY, is especially Address Registrar



.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

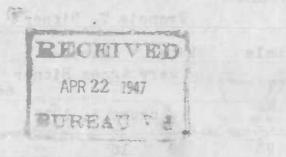
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462 X

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH: Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Havre de Grace (If outside city or town limits, write RURAL and a How long in above place of death? 27 hrs.	State Maryland County Cecil City or town (If outside city or town limits, write RURAL and give nearest town)
Nospital, Institution, or street address where death occurred: Harford Memorial He	Ospital Sireet No. (If rural, give LOCATION)
3. (a) FULL NAME Francis T. Bits	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wid	owed, or divorced MEDICAL CERTIFICATION
6.(b) Name of husband or wife. Mary Agnes Bit 7. Birth date of deceased (mo., day, yr.) August 3, 18'	age 56 years and that I last saw h and alive on about 18 - 19 47
8. AGE: Years Months Oays If less that	an one day Carcana 1 8 months
9. Birthplace Port Deposit Cecil. (Town, county, and state) Farmer 10. Usuat occupation.	Md Due to.
Francis T . Biti	Old College Co
14. Maiden name	(Include pregnancy within 8 months of death) Major fiedings of operations Care and Color - Other 17-1947
Mary Agnes Bitner Address Port Deposit, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
D 1 2	22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide
Rising Sun, Md. Rure 18. Funeral director Vec a. Calluson	Injured at home, farm, industry, public place (where?)
Address Perryville, Md. 19. Av. 20 19 47 4. L. Z. (Date spe d by registrar)	23. SIONATURE D. J. Bruson M. D. or other Registrar Address. Park Deposit Md. Date signed 4= ZO-47.



till . I to 0 . Tiescell from

.bil .dieneal rioi

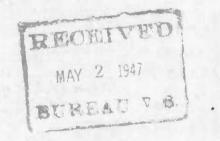
, a= (5) T x

. and Th

CERTIFICATE OF DEATH

2411 N. Charle	es St., Baltimore 830
CERTIFICAT	TE OF DEATH Reg. Diat. No. 182
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town hmits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME Daisy T Bucking han	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. OF THE 28 1947 21 12:36
6. (b) Name of husband or wife Eagana Backing ham 7. Birth date of deceased (mo., day, yr.) Mar 29-1874 8. AGE: Years Months Days If less than one day 70 0 hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation. Hausand factorial industry or business 11. Industry or business 12. Name To ha Haiden name 13. Birthplace Pa 14. Maiden name 9. Chwarty 15. Birthplace	21. CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4 10. 28. 18.4 and that I last saw h. D.T. alive on
Address Tarrattaulla Mb 17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Mest Laural Hill Location Philadelphia Pa 18. Funeral director. A. Murchy Quinkby Address Philadulphia, Pa 19. April 2-5 1847 Bibaila Forward Registrar Registrar	Antopsy results. PHYSICIAN: Ptease underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide

RESERVED FOR BINDING MARGIN



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

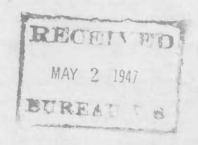
CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Co	State Many Land County I for found
City or fown	City or town Have do Heave
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
A. Francis Villa	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sister M. Dounda Man	y li. Cooper /
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Timale Ward Kingle	20. DATE OF DEATH (1/201 29 19 4/7 at 1) 2
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated; that I attended decented from
S.(c) tf alive, give ageyears	19 7 10 May 2 7 19 4,
7. Birth date of	and that I last saw h alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days tilesa than oon day	Immediate cause of death
70 5- 13hrsmin.	The man hubrantisis
Pl:1-1.111:- B	
9. Birthplace(Town, gounty, and state)	Due to
10. Usual occupation.	Due to.
11, industry or business	
12. Name Ochor 9. Cooked	Other conditions
12. Name	(Include pregnancy within 8 months of death)
# 14. Maiden name Thelena Kraus	
15. Birtholace Philadelphia Pa.	Major findings of operations
1.6.1.0 Par 10	Antopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / Addres	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery or crematory They Kedsennes	Where did injury occur?
Location Balking, Md.	injured at home, farm, industry, public place (where?)
Burney to	Meena of injury Injured af work?
18. Funeral director.	()/ 10/00x
Address Have de Title, May	23. SIGNATURE Weeking tolly Min
19. May 1,47 Q. L. Leus M. W.	16. D. or other
(Date rec'd by registrar) Registrar	Address Turante Chill De Garage Toate White John Chila

ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly. FOR BINDING MARKIN RESERVED PLAINLY, WITH UNF is especially important.

WRITE

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

	2411	N.	Cha	rles	St.,	Balt	imore	55-0	X
CED									

F HEALTH	01097
55-D/ X	

CERTIFICAL	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and cive nearest town) Street No. (If rural, give LOCATION)
	2.(a) If veleran, name war
3. (a) FULL NAME Burnett Cres 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH. april 12 19.4.) at
6.(1) Name of motors or wife. Margine Crescure le	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.7., to 19.4.7.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day Months Mont	and the I last saw harmalive on a 1942. Immediate cause of death. Caramana inguised. 6 200
9. Birthplace That four Co. Md. (Toype, county, and state)	Due to
10. Usual occupation	Due to
12. Hame SEO. Win Presewell 13. Birthplace Un Known	Other conditions
14. Maiden name Margaret Dolan 15. Birthplace Varford Co. Md.	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace Rarford Co. Md.	Antopsy results.
Address 1720 aisquith st.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, answeritten, or removal Whish?) Date thereof (month) (day) (year)	22. VIOLENCE: If deeth was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or eremetery Mountain	Where did injury occur?
18. Funeral director Whileiam Cook One.	Moens of injury Injured at work?
Address 1214 St. Paul et	23. SIDNATURE BOTH STANK Curo Pr D
19. (Date ree'd by registrar) Registrar	Address Pael an Dud Date signed 4/12/4

2411 N. Charles St., Baltimore 7400

CERTIFICATE OF DEATH

correct ag		E OF DEATH Reg. Diat. No. 185
information carefully. The comof death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
ormati	3.(a) FULL NAME John 76. De	3. (b) Social Security Number 2/7-07-73/7
of inf	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 4/24 19 47.31 / 9. M
UNFADING INK. Supply every item of iant. Physicians: please write the causes	8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 4/24 19.47 and that I last saw h
, WITH	14. Maiden name Unlenown 15. Birthplace Unlenown 16. intermant Mes. John H. Day Address 403 Gord St. aberdeen 17. Auxial Date thereof alicil 27, 1947	Major findings of operations
PLEASE WRITE PLAINLY is especially	(Burial, cremation, or removal. Whick) Cemetery or crematory Localion 18. Funeral director Address Address 19. Apg. 26 19. 47. A. Jennes Two	Where did Injury occur?
PL	19. (Dafe red by registrar) Registrar Registrar	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

MARGIN RESERVED FOR BINDING

A15 SA



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Hartor	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
(If outside city or town limits, write RURAL and give nearest town)	State Md County Harford City or town Bul aur		
How long in above place of death? 174445	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No.		
CoHenne	(If rural, give LOCATION)		
How tong in hospital or institution? 17 years	2.(a) If veteran, name war		
3. (a) FULL NAME John Devlin	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W S	20. DATE DE DEATH Ogril 25 1947 at 924 M		
	21_I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
8.(b) Name of husband or wife	Opril 24 1947, to Opril 25 19.47		
	0		
7. Birth date of 6 4 / 19/2	and that I last saw harmanive on		
	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Coronary Thrombois 12 hr.		
79hrs,min.			
1. 0			
8. 8irthplace	Due to		
1D. Usual occupation	Gue to		
11. Industry or business			
pla 1 a militaria de la milita	Other conditions the my ocar and Dissons		
13. 8irthplace UNKNOWN	gen. artirio-sclerosis		
14. Maiden name Margaret West	(Include pregnancy within 3 months of death)		
	Major fiadiugs of operations		
15. 8irthplace UNKNOWA	Dale of op.		
16, Informant Co, Home Records	Autopsy results.		
	PHYSICIAN: Please underline the cause to which desth should be charged statistically.		
Address Bellin, Md			
A	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) Bate thereof. (mosth) (day) (year)	Accident, suicide, or homicide		
Pa Hasa	Where did injury occur?		
Cemetery or crematory			
Location BelAIN Ruvel	injured et home, farm, Industry, public place (where?)		
18. Funeral director Dean V. Jalus	Means of Injury Injured at work?		
Address Belan Mad	and P. August		
D. C. VA. T.	23. SIGNATURE M. D. or other		
19	Hum FM DDA A+OI Mal Bate signed 4/2 Av.		

RECEIVED

APR 28 1947

BUREAUVA

age

DI ACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

I a MONTH PECIDENCE (TYORKE) OF DECEASED

CERTIFICATE OF DEATH

01100

Reg. Diat. No. 183

County	City or town (If outside city or town limits, write RURAL and give reagest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	2D. DATE OF DEATH ADRIC 4 1947, 21/1:30 M M
6.(b) Name of husband or wife 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrsmin.	Immediate cause of death Sound of Face + Skulp packing
9. Birthplace	Due to.
12. Name 12. Name 13. Birthplace Parille Malden name Aller Name 15. Birthplace Malen name Aller Name 15. Birthplace Malen name Aller Name 15. Birthplace Malen name Name Name Name Name Name Name Name N	Other conditions
2 15. Birthplace Carried Market Address Address	Autopsy results
Date thereo () (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State)
Location Parallel Management 18. Funeral director Management 19.	Injured at home, farm, Industry, public place (where?)
19. Address 19.47 Komas P Brown (Date rec'd by registrar) Registrar	23. SIGNATURE Dept. Midle & Rose M. D. og other Address Aberdalen Toda Date signed 4.44.7



PLEASE WRITE PLAINLY, is especially

chrrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/-

CERTIFICATE OF DEATH

01101

Reg. Dist. No. / 8/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
(If outside city or town limits, write RURAL and give nearest town)	State Metal found gounty Stanford
How long in above place of death? 52 372.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Dallo St. Ess.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary to Hall	none.
4. Sex 5. Color or race 6.(a)Single, married, widowed, or diverced	MEDICAL CERTIFICATION
Finale Colored married	20. DATE DF DEATH Cyclif 8. 5. 19.47 919.58 9. 10
6.(b) Namo of husband or wife Isagah A. Hall	21. I CERTIFY that depth occurred on the date above stated; that bettended deceased from
70	March 27 19 47, 10 April 8 1947
7. Birth date of	and that I last saw h. E.X., alive on APT. 1 1947
deceased (mo., day, yr.) 8. AGE: Years Months Days If loss than one day	Immediate cause of death
o. Adl.	Une weak
9. Birthplace. (Town, county, and state)	Dug to HYPET Phsive Carole renal 2 ments
10. Usual occupation & occupation	Oscase
	Due to
11. Industry or business	Anna de Magantada de Talanda
100-00	Diter conditions themis, hypachyomic, Indesinite
S 13. Birthptace	dneiude pregnancy within 8 months of death)
14. Maiden name Lavana Bills	Major findings of operations
14. Maiden same Lawina Bills 15. Birthplaco Manyford	Date of op.
18. Informant Freis Balesta Dall	Autopay results.
Address Ellerdeen mod	PHYStCIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, eremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemotory or crematory Unitory M. E.	Where did injury occur?
Location Mean Coler Seen Winds	Injured at home, farm, Industry, public place (where?)
18. Funeral director Servis January Anns	Means of Injury / Injured at work?
Address Chendeen ned	1910 1 Rodan h
(1h, 1) 12 Holl: 2/ 8/1/2	23. SIGNATURE
19. (Date rec'd by registrar) Registrar	Address Wiseling We. Wertler W. Dato signed 4/10/47

HTTOSO TO STADISHTORD

RECUIVED

APR 16 1947

BUREATT

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

47dx

CERTIFICATE OF DEATH

Reg. Dist. No. 182

M-	
County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Your town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veleran, name war
Robert Helbourget De che	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 194 20 20 20 20 20 20 20 20 20 20 20 20 20 2
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	1923 10
8. AGE: Years Months Days If less than one day 2	Immediate cause of death DURATION Carcinoma June Due to
10. Usual occupation	Due to
11. Industry or business 12. Name 12. Name 13. Birthplace 14. Name 15. Name	Diher conditions
14. Maiden name Signa Washington 15. Birthplage Boston (1999)	(Include pregnancy within 8 months of death) Major fisdings of operations.
1 1 211	Date of op.
Address Bel aw Marylans.	Autupsy results
17. Surial (Burial, eremation, or removal, Wischi) Oate thereot (month) (day) (yegr)	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Cametery or exemptory Them Mount	Where did injury occur? (City or town) (County) (State)
Location Jacob W. Har Region (September 1987)	injured at home, farm, industry, public place (where?) Nethins of injury Injured at work?
Address M Cullon Colland	to. mark !
19. April 2 19 47 a. W. Hedres	23. SIGNATURE M. D. or other M. D. or other M. D. or other

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-

CERTIFICATE OF DEATH

01105 NV Reg. Dist. No. / 80

1. PLACE OF DEATH: HARFORD	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
LOURLY	State M.C. County HARFORD
City or town	MACAGALIA - FURAL
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. ROUTE 40
ROUTE 40 NEAR MAGNOLIA	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
GEORGE STEVENES	HENNING 217-01-1538
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white marriel	2D. DATE DE DEATH. APRIL 3 1947, at 111P
B.(b) Name of husband or wife Senturde Henning	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S, (c) If alive, give age 52 years	
7. Birth date of deceased (mo., day, yr.) Supp 5, 16 1889	and that t last saw halive on19
8. AGE: Years Months Days If less than one day	Immediate cause of death
6. AGE.	Carelias Caucian
3 6 1 hrsmin.	Shock from Compound
9. Birthplace Long green, Ballenione to, mil	Due to Marketing Pot Turke
flows, county, and state)	land fracture left tibia
10. Usual occupation Open aling Engineer	Due to Tillera
11. Industry or business 48. Low, Flaword arrenal Md	>
# 12. Name adam / Jensen y	Diher conditions
12. Name adam / Yensung 13. Birthplace Surmany	
	(Include pregnancy within 8 months of death)
14. Malden name Mary Zu Glew 15. Birthplace Deffet Maryland.	Major findings of operations.
\$ 15. Birthplace Maryland.	Date of op.
18. Informant Mil Ster trude E. Henning	Autopsy results.
Address Josea Malenland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
15 /1 16 (1 A) of 16117	22. VIOLENCE: t1 death was due to external causes, fill in the following;
(Burlal, cremation, or rangval. Walch) Date thereof	Accident, suicide, or homicide ASE AEAT Date of 4/3/47
Cemetery or crematory St. Stephen 13	Where did interviously MAGNOLIA HARLORD MIC.
Cemetery or crematory and and and and and	(City or town) (County) (State)
Location Description	
18. Funeral director Horand R. Mc Come Por	Means of Injury STRUCK BY QUTO Injured at work? NO
al 1- man	Dank a s >)
Address Wingara Mongan	23. SIGNATURE
19 apr 7 1947 mars monleda	I agame dural Exclusion
(Date rec'd by registrar) Registrar	Address COCACLOSA Date signed Date signed

PRIO 1947

MARGIN RESERVED FOR BINDING

VS A15

age

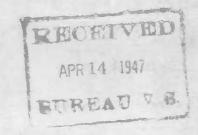
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 946)

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Frank Hoffman	3. (b) Social Security Number
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 4/1/ 19.42, at 6/1/
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
9. Birthplace Russia (Town, county, and state) 10. Usual occupation Rather L	Due to Diceased suffered from and chronic bronchiks Due to and oldage.
12. Name Isadam Hoffman 13. Birthplace Russia	Other conditions
14. Maiden name HeNa UN KAROWN 15. Birthplace Russia	Major findings of operations
16. Informani Mrs Mary Capaci Address 3 N. Mary S F 17. Barel Apr. 1 12 47 (Burial, cremation, or removal, Which?) Date thereof (Month) (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Balton My 18. Funeral director Vac / Luxus Suc	Where did injury occur?
Address 2100 Eutaw Place Balto, Ma. California Torres (Date rec'd by registrar) Registrar	23. SIGNATURE Beldy Date signed 11/4)



FOR BINDING

MARGIN RESERVED

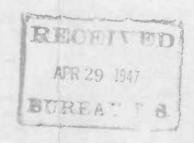
A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 527 X

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infapts give residence of mother)
County County	
City or town (1f outside city or town limits, write RUBAL and give nearest town)	State Land County Larford
How long in above place of death? 10 weeker	City or town (17 outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street, address where death occurred:	662 June 15
Harford Memorial Jospelal	Street No. (If rural, give LOCATION)
How long in Mospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME 7	3. (b) Social Security Number
Owed Thay Type	Keno
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temple White Single	20 DATE OF DEATH abr. 24 1947 215 P.
what the	20. DATE OF OCATA
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(e) It alive, give ageyears	19. 7. 20. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1
7. Birth date of	and that I last saw here alive on agent 24 19 # 7
	Immediate cause of death
o. Aug.	f 1
3 9 min.	Lavana Ma a Jacobson a
9. Birthplace (Town county, and state)	Due to
(Town, county, and state)	V
10. Usual occupation.	Due to
11. industry or business	
12 Name George Stakking	Other conditions
E mel	
	(Include pregnancy within 3 months of death)
14. Maiden name annie Mc ummingo	Major fiadiags of operations
15. Birthplace Md	Bate of op.
Me Marina and Hab Riss	Autopsy results
18, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Havreds Grace, Md.	22. VIOLENCE: It death was due to external causes, till in the following:
17 Terrial Date thereof apr. 27 1947	Accident, suicide, or homicide
(Burial, cremation, or removel, Which?) (month) (day) (year)	
Cemetery or crematory	Whera did injury occur?
Location of targard to Ma-	Injured at home, farm, Industry, public place (where?)
11/21/1 12 12/ Told	Means of injury Injured at work?
18. Funerat director. I a auson I luschill	and man
Address Javre de Grace, Md.	TO CONTRACT (N. 7 IV LIVE)
1. apr. 26 10 49 a. L. Leinis m. A	23. SIGNATURE
19. (Date rec'd by registrar) Registrar	Address aure de grace, Moto signed 4-26-4



2411 N. Charles St., Baltimore (93-4)

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. (12 rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Mrs. Fannie Sutne	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White married	20. DATE OF DEATH. A Jul 30 0 19.47 , 21. 2. 5 U.A.
6.(b) Namo of husband or wife. Answer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) Name of nuseand of white	June 1946, 10 AJ 30 1947
7. Birth date of	and that I last saw h. A. alive on
deceased (mo., day, yr.) 8 ACF. Years Months Bays titess than one day	Immediate cause of death
1 1-1-1	carda do compostar 10day
7	chair youdto
9. Birthplace	Oue to Chrome land to
4/ 1//	el de la partir del partir de la partir de la partir de la partir de la partir de l
TU. GOULT GOOGRANG	0uo to
11. Industry or business	
12. Name David Rufsky 13. Birthplace	Other conditions
	(Inclode pregnancy within 3 months of death)
14. Maiden name Estate yearn ff 15. Birthplace Russia	Major findings of operations
15. Birthplace Aussia	
18. Interment Claron Quetner	Antopsy results
Address & Jost Road aberalen Ma	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?) (aby (year)	Accident, sulcide, or homicide
Cemetery or crematory Montage Com	Where did injury occur?
Location Phila Pa	Injured at home, farm, Industry, public place (where?)
13. Funeral director Banny Jayring Bons:	Means of injury . Injured at work?
Address Cherdeen med	23 SIGNATURE 10 0 10 10 10 10 10 10 10 10 10 10 10 1
19. (Date/rec'd by registrar) 19. (Date/rec'd by registrar) 19. (Date/rec'd by registrar) 19. (Date/rec'd by registrar)	And and M. D. or other

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct as is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 3 1947
BUREA 3

01107

CERTIFICATE OF DEATH

Reg. Dist. No. 183

	Atog, Ditter to hympanismining
1. PLACE OF DEATH: County.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants five residence of mother)
City or town	State County County Forcest Will 2224
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address wifere death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME John Kurty	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male while manera	20. DATE OF DEATH april 12 1947, at 12 19
8.(b) Name of husband or wife. Besseed Roberson	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from
	may 1946, 10 april 12 1947
7. Birth date of deceased (mo., day, yr.) May 5 1883.	and that I last saw his alive on 19.1
8. AGE: Years Months Days If less than one day Months Days If less than one day	Coconary Thrombosis 30 min
9. Birthplace Turnylane Line Ballo Co med (Town, county, and atate)	Due to
tp. Usuai occupation	Due to
11. Industry or business Retired	986 (4
12. Name adame & Kurtz 13. Birthplace York es Pa	Other conditions Hyperlausion, Essential 3 yrs.
14. Maiden name Elizabethe Thompson 15. Birthplaces fork to Pa	(Include pregnancy within 8 months of death) Major findings of operations.
2 15. Birthplace fork Co Pa	Date of op.
16. Informant the Control	Autopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removat, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Dec Creek Cheeshoot H	did injury occur?
Location Hartford Es mo	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Mouston Skuts	Means of Injury Injured at work?
Address Levillaville med	23. SIGNATURE Willard P. Kudson
19 Ust 15 (Date rec'd by registrar) 1947 Thomas (Varous) Registrar	Address 7000 Hood M.D. or other

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

9-45-15M

VS A15

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

U1108
Reg. Dist. No. 182

T. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days if less than one day 70 // 9 hrs. min. 9. Birthplace		Alog. Dist. No
State County Citional Cities and the County Cities and the County Cities and the	Harland	
How long in above place of death? How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Set 5. Color or race 6. (c) Single, harries, widowed, or divorced 7. Birth date of deceased (ma, day, yr.) 8. AGE: Years Months 12. Birthplace 13. Birthplace 14. Maiden name. Major foodings of operations. Due to. Differ conditions Differ	County	State Marchael County Sarface
Street No. (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6. (a) Single, Institution 4. Sex 5. Color or race 6. (a) Single, Institution 4. Sex 5. Color or race 6. (a) Single, Institution 4. Sex 6. (b) Name of husband or wife	(If outside city of town timits, write RURAL and give nearest town	n) Whiteford
Street No. (If rursal, give LOCATION)	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single, herified, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH.April 10 11. CERTIFY that death occurred on the date above stated; that I attended deceased from December 12. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 13. April 9 14. Maiden name. 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH.April 10 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 22. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 23. April 9 14. Maiden name. 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH.April 10 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 22. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 23. April 9 24. April 9 25. CERTIFY that death occurred on the date above stated; that I attended deceased from December 26. CERTIFY that death occurred on the date above stated; that I attended deceased from December 11 26. CERTIFY that death occurred on the date above stated; that I attended deceased from December 19 26. CERTIFY that death occurred on the date above stated; that I attended deceased from December 19 27. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19 28. AGE: Vears Months of December 19 29. Date of December 19 20. DATE OF DEATH.April 10 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19 21. I CERTIFY that death occurred on the date above stated; that I atten	Applial, Institution, or street address where reath occurred:	
4. Set S. Color or race 6.(a) Single, Merried, widowed, or divorced MEDICAL CERTIFICATION **Rele volute Translated and Second or wife Volume of husband or wife Volume or National April 19 19 19 19 19 19 19 19 19 19 19 19 19	How long in hospital or institution?	2.(a) If veteran, name war.
8. AGE: Years Months Days If less than one day 9. Birthplace Chronic nephritis 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace Chronic nephritis 14. Maiden name. 14. Maiden name. 15. Market Po Death April 10 15. April 20. Date of Death April 10 20. Date of Death April 10 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19. 46 to April 9 19. 15. Industry on April 9 19. 16. Immediate cause of death. Uraemia 000RA 17. Immediate cause of death. Uraemia 000RA 18. April 60. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19. 46 to April 9 19. 18. April 60. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19. 46 to April 9 19. Immediate cause of death. Uraemia 000RA 000RA 000RA 000RA 11. Industry or business 12. Name. 13. Birthplace 19. Industry or business 000 perations. 14. Maiden name. 15. April 60. Industry that death occurred on the date above stated; that I attended deceased from December 19. Industry on April 9 19. 18. April 60. Industry that death occurred on the date above stated; that I attended deceased from December 19. Industry on April 9 19. 18. April 60. Industry that death occurred on the date above stated; that I attended deceased from December 19. Industry on April 9 19. 19. April 60. Industry that death occurred on the date above stated; that I attended deceased from December 19. 19. April 60. Industry that death occurred on the date above stated; that I attended deceased from December 19. 19. April 60. Industry that death occurred on the date above stated; that I attended deceased from December 19. 19. April 60. Industry that death occurred on the date above stated; that I attended deceased from December 19. 19. April 60. Industry that death occurred on the date above stated; that I attended deceased from December 19. 19. April 60. April 90. 19. April 60. April 90. 19. April 90. April 90.	3. (a) FULL NAME	3. (b) Social Security Number
8. (b) Name of hashend or wife 20. DATE OF DEATH AD FIG. 10. 11. Industry or business 12. Name. A state of death and state of	4. Sex 5. Color or race 6.(a)Single, Maried, widowed, or divorced	MEDICAL CERTIFICATION
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19. 46. to April 9. 19. T. Birth date of deceased (mo., day, yr.) R. AGE: Years Months Days If less than one day To // 9 hrs. min. S. Birthplace Chronic nephritis Oue to Chronic nephritis Oue to Chronic nephritis Due to Chronic nephritis It lendustry or business It less than one day To Way occupation. Due to Chronic nephritis Due to Chronic nephritis Cirches Coronary Scelrodis, Cirches Sanction of death) Major fiedings of operations. Major fiedings of operations.	male white married	
T. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 70 // 9 hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation. State: 12. Name Days (Town, county, and state) 14. Maiden name Many Davis: 14. Maiden name Many Davis: 15. C) It alive, give age 2 years and that I last saw h. im. alive on April 9 19. 19. Immedia: cause of death. Uraemia OURA OURA OURA OURA Our to. Chronic nephritis Due to. Diher conditions Coronary Scelrodis, Cinctude pregnancy within 8 months of death) Major fiedings of operations.	new Tener Lend	
T. Birth date of deceased (mo., day. yr.) 8. AGE: Years Months Days If less than one day 70 // 9 hrs. min. 9. Birthplace Output occupation. 10. Usual occupation. 11. Industry or business 12. Name Days If less than one day 14. Maiden name May Dawies 14. Maiden name May Dawies 15. Industry of perations. and that I last saw h. IM. alive on APPLI 9 Immediat. cause of death. Uraemia OURA OURA OURA OURA Oue to. Due to. Dither conditions coronary scelrodis, Circhosis of the liver, ascited (Inctude pregnancy within a months of death) Major fieldings of operations.		December 19 46 to April 9 19
8. AGE: Years Months Days If less than one day 70 // 9 hrs. min. 9. Birthplace Chronic nephritis 10. Usual occupation. Due to. 11. Industry or business 12. Name Due to. 13. Birthplace Yales Scites 14. Maiden name May Davis Major fieldings of operations. Major fieldings of operations.	T. Birth date of	and that I last saw h. im. alive on
9. Birthplace		Immediais cause of death Uraemia OURAT
9. Birthplace Chronic nephritis 10. Usual occupation. 11. Industry or business 12. Name Coronary scelrodis, 13. Birthplace Falls of the liver ascited (Inctude pregnancy within 8 months of death) 14. Maiden name May Davis Major fieldings of operations.	0. Add.	
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Maiden name. 16. Usual occupation. Due to Due to Dither conditions Coronary scelrodis, (Inctude pregnancy within 8 months of death) Major fieldings of operations.	/ 0 // hrs.	
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. May Davis Major fieldings of operations. Due to Due to Due to Diher conditions Coronary scelrodis, Circhésis of the liver, ascited (Include pregnancy within 8 months of death) Major fieldings of operations.	9. Birthplace	Oue to CHPONIC NEDATICIS
11. Industry or business 12. Name Due to Du	XI to	
12. Name Other conditions coronary scelrodis, 13. Birthplace Stales Scirrhésis of the liver, ascited (Include pregnancy within 8 months of death) Major fieldings of operations.	10. Usual uccupations	Due to
13. Birthplace Hales Scirrhésis of the liver ascited (Inctude pregnancy within 8 months of death) Circlede pregnancy within 8 months of death) Major fieldings of operations.	×1 P. 1 + 40 1	Bther conditions coronary scelrodis,
14. Major fiedings of operations.		
Major fiedings of operations		(Include pregnancy within 8 months of death)
15. Birthplace Thales	El 15. Birthplace	Date of op.
16. Informant Actopsy resolts. PHYSICIAN: Please coderline the cause to which death shoold he charged statistically.	16. Informant Lynch Ottoga	Actorsy resolts
Address A hetefact M 22. VIOLENCE: It death was due to external causes, till in the tollowing;	Address It hetefore, Mrs.	
17 Alexand Bate thereof Alexander 1944	17. Burish Bate thereof alu. 17, 19	2.4. VIOLENCE: It death was one to external causes, the in the tonowing,
	(Burial, cremation, or removal, Which?)	
Cemetery or evenetory State City Cemetery Where did Injury occur? (City or town) (County) (State)	Cemetery or exemetery.	
Location Delle language at home, farm, Industry, public place (where?)	Location Della	
18. Funeral director Acade Injury Injured at work?	18. Funeral director Aubert P. Sanki	Means of injury Injured at work?
Address Dolta Par O 1 1 2 2 2 2000 May	1. A D	a Tomas Mul.
23. SIGNATURE M. D. or other	DI 211 117 M W V:	23. SIGNATURE. M. D. or other
This recid by registral 18 1/1-1- Bata cland 4/0-	(But rec'd by registres)	postrar Address CAA W/-/- Bate signed 4-/0-5

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

A15 NS

MAY 12 1947

17

CERTIFICATE OF DEATH

Dist No 185

1. PLACE OF DEATH: Sharlord	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Md. County of Varford
City or town. (If outside city or town limits, write RURAL and give nearest town)	.
How long in above place of death? 25 25	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred:	. Sil h i VI
117 Market, St.	Street No. (If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	leager
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Widowed	20. DATE DF DEATH april 8 1947, at 124.
6.(b) Name of husband or wife John I Farrard Meager	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 10 15 11 11 11
T. Birth date of 1955	and that I last saw here alive on after 8
deceased (mo., day, yr.) Ple. 6 / 8 / 2	Immediate cause of death
8. AGE: Years Months Days It less than one day	artinio delevisio
7/ 4 0hrsml	in. Cerebral Humorlage
6 aland	Due to.
9. Birthplace	
(Nause b) ulles	- Company of the comp
1D. Usual occupation.	Due to
tt. Industry or business	
12. Name Peler Connor 13. Birthplace England	Dther conditions
13. Birthplace England	
	(Include pregnancy within 3 months of death)
14. Maiden name Phillis Hall 15. Birthplace angland	Major findings of aperations
E 15. Birthplace lengland	Date of op.
mrs. M. le ser Properts	Autopsy results
t6, Informant	DUVCICIAN. Places and ordine the cause to which death should be charged statistically.
Address 117 Market St. Havre de Zeace, Ma	22. VIOLENCE: It death was due to external causes, till in the toltowing:
17 Burial Date thereof also. 9, 194)	
(Burial, cremation, or removal, Which) Bate thereof (month) (day) (year)	Accounty of the control of the contr
Cemetery or crematory S-O-C. T. Complery	Where did Injury occur?
Location Sumerset Co. ling.	injured at home, farm, industry, public place (where?)
t8. Funeral director N. Madison Mitchell	Means of Injury Injured at work?
Address Havre de Grace, Md.	23 SIGNATURE Courter & John Mr S
ab. a in fil Jami m.	M. D. or other
19. (Darkon'd by registrar) 1949 U. J. Lemes M. Registr	rat Address of the de de Seas bat signed 4/9/2

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

APRIA 1947
BUREAU V 8

1

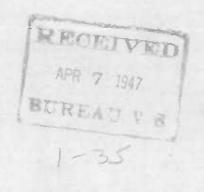
2411 N. Charles St., Baltimore 75-0 1

01110

CERTIFICATE OF DEATH

185-

1. PLACE OF DEATH: Arland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State IIId. County / Harford
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Havride Grace
How long in above place of death? 20 110	(If outside city or town limits, write RURAL and give nearest town)
Hospital institution, of street autress where	Street No. 666 MSc 90 91-
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Mary amanda,	Mulefully 3. (b) Social Security Number
4. Sex 5. Color or race B.(a) Single) married, widowed, or divorced	MEDICAL CERTIFICATION
Temale Trhele Widowick	20. DATE OF DEATH
Kofert a. Mitchell	21. I CERTIFY that death occurred on the dats above stated; that t attended deceased from
6.(b) Name of husband or wife.	21/4 3 10 yer 2 194)
7 Birth date of	and that I last saw her alive an Office. 19 4/
deceased (mo., day, yr.)	Immediate cause of death OURATION
8. AGE: Years Months Days if less than one day	Cash graphellaly
B	
9. Birthplace	Due fa
10. Usual occupation I found Ducties	
	Due to
11. Industry or business	
12. Name Denne.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Lernia Artuckle 15. Birthplace Dem.	Major findings of operations.
E 15. Birthplace	Date of op.
16. Informant Mrs. Lida 4. Baker	Autopsy results
Address 6 6 6 \$ 51 90 St. Havederace, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof Upril 5, 194)	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cught Held	Where did Injury occur?
Location Vary de Suace Mid.	Injured at home, farm, Industry, public place (when?)
THadison Mitchell	Means of Injury triplure at work?
Address Awreas Drace Md.	FOR STATE OF THE S
Address Favilar Lace Ma.	63. SIGNATURE
19. 4-3-19.49. U. L. Venus M. Registrar	Address AMI MILLIAM Date signed # 3 1/7



CERTIFICATE OF DEATH

	01111
	ピーレカモー
Rog. Diat	. No

ect age		re of DEATH Reg. Dist. No
ormation carefully. The correct death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. Jan. City
of	4. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced Black Single Single 1.	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
thy	8. (c) If alive, give ageyesrs 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 2 2 2hrs. min.	19
ADING INK. Supply eve Physicians: please write	9. Birthplace	Due to
PLAINLY, WITH UNF	12. Name. Charles Newman 13. Birthplace 14. Maiden name tella Sutton 15. Birthplace 16. Informant 18. Informant	Ciher conditions
ITE PLAINL is especia	Address Have de Sace Md. 17. Buria (Burial, cremation, or removal. Which?) Cemelery or crematory Charles (Growth) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
PLEASE WRITE	18. Funeral director Address Aure de Grace, Mac 19. (Dyle rec'd by registrar) Location 19. Lennei m. 19. (Dyle rec'd by registrar)	Mesns of Injury Letter Description 23. SIGHATURE M. D. or or the

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

Leile Ray wen was

were white shine

RECEIVED

APR 26 1947

BURLAUVE

PLEASE WRITE

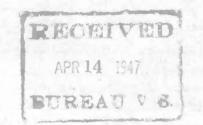
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10?

CERTIFICATE OF DEATH

01112 Reg. Diat. No. 785-

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town Fallolon (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME MARIE MORRIS	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife Carlos Norres 5.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 5 19.47 to 47. and that I last saw h
8. AGE: Years Months Days It less than one day 10 16	Bilateral Ingeline (Mountine
9. Birthplace Leave Clause (Town, county, and atate) 10. Usual occupation.	Oue to.
11. thdustry or business 12. Name	Other conditions
14. Maiden name Harrest Hooper 15. Birthplace MA	Majur findiago af aperationa. Antopoy results. Preumonia 1 Pulm. 9 dema
Address 7 2 W Franklin St Gallo 17 Aurol Date thereof Cife 12 -47	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Cemetery or crematory	Where did Injury occur?
18. Funeral effector Marker Trucks Address and brockle my	Means of Injury Injured at work? Injured at work?
19. Oprilo 19 47 a.Z. Jewis m. (Dathree'd by registrar) Registrar	Address La fra New Log Date signed 4.1.0.1.47



2411 N. Charles St., Baltimore %

U1113

OF DEATH

	Dist.		,	0	6	-	
0.00	Dist	No		8	3		

CERTIFICAT	TE OF DEATH		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DEC (For newborn infants give residence of mother Slate		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Femule Black Midowed.	MEDICAL CERT		
8. AGE: Years Months Days It less than one day	21. I CERTIFY that death occurred on the date above state and that I last saw here		
9. Birthplace TO ash. De. (Town, county, and state) 10. Usual occupation House Bulles	Due to		
11. Industry or business 12. Name	Other conditions		
Address Savre de Grace (M)	Antopsy results		
(Burial, cremation, or removal. Which?) Cemetery or crematory Location 18. Funeral director: Address Address Address Address Date thereof. (month) (day) (year) (month) (day) (year)	Accident, suicide, or homicide		
19. May 2 19 47 U. L. Lewes M. O. Registrar	Address Handle De &		

City or town (If outside city or town limits	write RUPAL and The nearest town)
Street No. 201 Treedo	
(If rural, give	LOCATION)
2.(a) If veteran, name war	
v	3. (b) Social Security Number
MEDICAL C	ERTIFICATION .50
	30 1947 15 P
21. I CERTIFY that death occurred on the date eb	ove stated; that I attended deceased from
19.	10 Opr. 30 1047
and that I last saw her alive on	Ceps. 30,84
Immediais cause of desch	DURATION
Immediair couse of death de	an frank
Due to	
Due to	
Other conditions	
(Include pregnancy within 3	months of death)
Major findings of operations	
Antopsy results	hich death should be charged statistically.
22. VIOLENCE: If death was due to external ca	uses, till in the tollowing:
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)

Injured at work?

M. D. or other

Date signed ..

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infages give residence of mother)

MARGIN RESERVED FOR BINDING

correct age

tem of information carefully. The causes of death clearly and legibly

ADING INK. Supply every item of Physicians: please write the causes

PLAINLY, WITH UNF

PLEASE

RECEIVED

MAY 6 1947

BUREAU V S

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consistencially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 99 CERTIFICATE OF DEATH

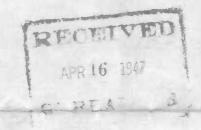
Reg. Dist. No. 185

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town Haune Hand Hand (If outside eity or town limits, write RURAL and give nearest town)	State County Hard
(If outside eity or town jimits, write RURAL and give nearest town)	City or town Have the Hase
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Hayro Duran	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Margaret Os	mond
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Towal White Widow	20. DATE OF DEATH. april 7 19.47 21 600 A
Comple Commed (dec.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	april 1 1947 10 april 7 194
	and that t last saw her alive on april 7 18 42
7. Birth date of deceased (mo., day, yr.) Copul 30 - 1876	
8. AGE: Years Months Days If less than one day	Immediate cause of death
70 11 7hrsmin.	
	01-1-0-1-1-
9, Birthplace	Due to.
(Town, county, and atate)	not due to cancer. Que to mesentence throm-
10. Usual occupation	Que to Line less following high
11, industry or business	blood pressure,
12. Name ? 7/2	Other conditions
12. Name	
	(Include pregnancy within 3 months of death)
王 14. Maiden name	Major fiediogs of operations
14. Maiden name. Martha Cook 15. Birthplace Have Leave	Date of op.
ma Willand Day	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address V. Hashington M. Hangle Than	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial Bate thereof 4/9/42	
(Burial, eremation, or removal. Which?) (month) (day) (year)	Accident and any of the same o
Cemetery or crematory	Where did injury occur?
I Havelle Grace	Injured at home, farm, Industry, public place (where?)
100 2m of Day	Means of Injury Injured at work?
18. Funeral director	1 10 11 10 1
Address Havede blesse, Md.	23. SIGNATURE Accelley Shelly's m
april 9 .47 a. L. Leuro M. D.	M. D. or other 4/0/17
19. The Paristra	Date signed 1814



CERT	IFIC	ATE.	OF	DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county / Varyores	(For newborn intents give residence of mother)	
City or town	State Mary and County Harford	******
(If outside city or town limits, write RURAL and give nearest town)	(if outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 30 yes Hospital, institution, 9 street address where death occurred:		
301 Muslim ST.	Streel No. 30 / LUDLIA (If rural, give LOCATION)	beee eee ee
	2.(a) tf veteran, name war. Noue	
How tong in hospital or institution?		
3. (a) FULL NAME	3. (b) Social Security Number	
Elena V. Vogere	poul	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Tunale White Ibedowed	20. DATE OF DEATH. A 4. 11 19.45 21 8:45	
Online & (Parixa)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6,(b) Name of husband of wife.	Marce 31 1947 10 Ap- 11 19.	4.7
7. Birth date of	and that I last saw h. Re. alive on	47
deceased (mo., day, yr.) august 22, 1860	Immediate cause of death	
8. AGE: Years Months Days tf tess than one day	Mitro working wie	
86 7hrsmin.	cordiac de conjunction	
Dit at 1 mg		
9. Sirthplace Galliculus Sallo 1. (Town, county, and state)	Due to	
0+1		
10. Usual occupation.	Due to	
11. Industry or business	T- 0-2-11/2- 12d	lan-
= 12. Name William Sunar	Other conditions	
3 13. Birthplace Gallimore, Md.	(Include pregnancy within 3 months of death)	do
El Ilmfonoma)		
14. Maiden name. Andrown 15. Birthplace Balts. Try	Major fiadings of operations	
15. Birthplace Ballo.		
16. Informant Miss M. Extelle (Cogers)	Actepsy results.	
Address 301 lustes It.	PHYSICIAN: Please underline the caose to which death shoold be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burlal, cremation, or removal, Which?) (Burlal, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
	Where did injury occur?	
Cemelery or crematory		
Location leave well were	Injured at home, farm, industry, public place (where?)	
18. Funeral director July Lewise Jakking & Soul	Means of tnjury tnjured at work?	
Address aberdeen had.	10 P Thompson	
(1) 13 12 man 2/ 8.1/	23. SIGNATURE. M. D. or other	
(Date rec'd by registrar) Registrar	Address A reiden Md Date signed T. Jan 1.	1/4-
(, , , , , , , , , , , , , , , , , ,		



01116

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Cily or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, instillution, or street address where death occurred;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infapts give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Elisa a san	3. (b) Social Security Number
Emale White Married warried	MEDICAL CERTIFICATION 20. DATE DF DEATH CARRY 1947 at 4 7 M
6.(b) Name of husband or wife Annual	21. I CERTIFY that death oppured on the date above stated; that I altended deceased from 1947. to 1947. and that I last saw hele alive on 19.47. Immediate cause of death DURATION 3.0.1.
9. Birthplace Jown, county, and state) 10. Usual occupation	Due to.
12. Name	Other conditions (Include pregnancy within 3 months of death) Major fiadings of operations. Date of op.
Address Littleford Man (Burlat Grand Which?) Dale thereof (month) (day) (year)	Antopsy results PHYSICIAN: Please underline the cause to which death shoold he charged statistically. 22 VIOLENCE: 11 death was due to external causes, fill in the following: Accident, suicide, or homicide

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corr is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

VS A15

Registrar

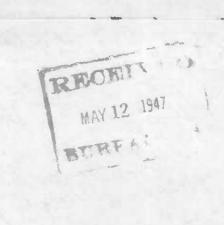
Address...

Means of Injury

Injured at home, farm, Industry, public place (where?)

Injured at work?

M. D. or other .Date signed

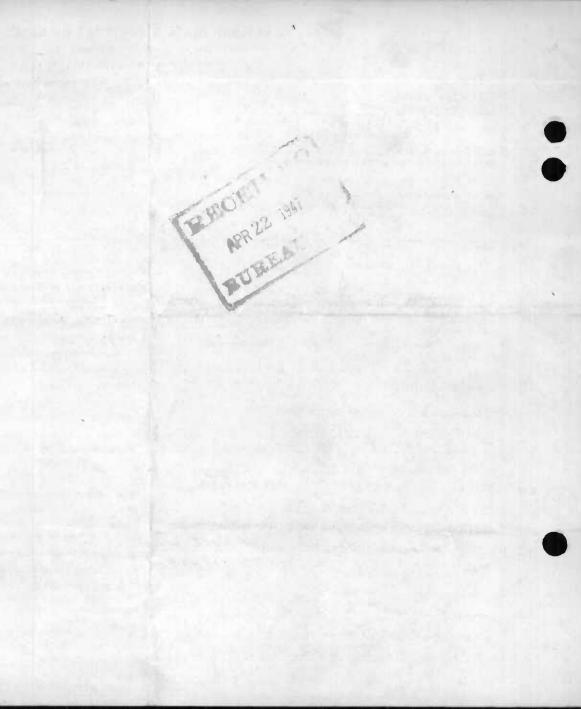


CERTIFICATE OF DEATH

2411 N. Ch	arlea St., Baltimore (93.2)
CERTIFICA	ATE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn inforts give residone of mother) State County County (If outside city or town limits, write RUNAL and give nearest town) Street No. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
Florence me Ca	was Scarff. 3. (b) Social Security Number
4. Sex 5. Color or racs 8.(a) Singls, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Www muned	20. DATE OF DEATH
6.(b) Name of husband or wite WW S. Scarf, 5.(c) It alive, give ge 85 ye	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day, yr.) N. N 30 1865	and that f last saw had alive on
8. AGE: Years Months Days It less than one day 4 1 4	Immediate cause of death OURATION
8. Birthplace Dulling Harford Co Jud. (Town, county, and atate)	Due to
10. Usual occupation	Ous to
11. Industry or business 12. Name W 2. M. Cann. 13. Birthplace Hurford co md.	Other conditions.
11. Birthplace Harford Co ma.	(Include pregnancy within 8 months of death)
15. Birthplace Hurford co md	Major findings of operations
16. Informant Was Rivin S, Tuetzenkerchen Address 1307 Wunderner and Bolto me	Actopsy results
17 Mariel (Burial, cremation, or removal, Which?) Oate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Cemetery or crematory Centre.	Whars did injury occur?
Location of Charles Martin Excus	Msans ot injury Injured at work?
Address sexultavelle med	23. SIGNATURE For or grass
19 abs. 17 1849 Thomas P From Registrar) (Date rec'd by registrar) Registrary	M. D. or other

MARGIN RESERVED FOR BINDING

A15 SA



2411 N. Chartes St., Battimore

CERTIFICATE OF DEATH

			100	
eg.	Dist.	No.	182	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Starford
(Woutside city or town limits, write RURAL and give nearest town)	B 0 . 10 P 1 1 #
How long in above place of death?	(If outside city or town limits, write KURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME John Thomas Sh	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white minied	20. DATE OF DEATH ADYIL 20 , 19 47 at 7:15 P
Osa Man Sharow	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
S,(b) Name of bushand or wife.	3eb. 13 1947, 10 april 20, 1942
7. Birth date of	and that I last saw h.I. M. alive on April 17 19.47
deceased (ma., day, yr.)	Immediais cause of death Correlation DURATION
8. AGE: Years Mouths Days If less than one day	occlusion 0
15 0 16min.	
9. Sirihplace Starfall for Mil.	Due to arteroscleratio least 6 no.
(Town, county, and atate)	disease.
10. Usual occupation	Due to
11. industry or business	
12. Name John Sharon 13. Birthplace Sarkorl Gr. Ml	Other conditions Described
	(Include pregnancy within 3 months of death)
14. Maiden name Cligabeth Hay 15. Birthplace Sachard Co. Met.	Major findings of operations. NANL
\$ 15. Birthplace Sacford Go. Met.	Date of op.
16. Informant Mrs. Pheet Sullivan	Antonay results Qual
set o	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Alle Tale 1047	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or cremetory Takerusele cemeting	Whers did Injury occur?
Joseph Thiteford Ms.	injured at home, farm, industry, public place (where?)
state starting.	Msans of Injury Injured at work?
18. Funeral director.	01. 1. 8 11 11 0
Address Allla and the first	23. SIGNATURE D'UALLOS NOTO MA
18 (Dyle rec'd by registrar) Registrar	Staget MAD 121 22 -11
(Date rec'd by registrar) Registrar	Address Date signed

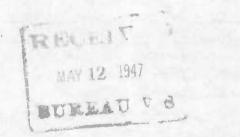
PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

WRITE

PLEASE

SA

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18

i l	1 1		
COL	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nawborn infants give residence of mother).	
he	County	mariland Harlard	
v. The legible	City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County	0001
2.0	(If outside city or town limits, write RURAL and give nearest town)	City or town. U abeau	
2 2	How long in above place of death?	(If outside cay or town limits, write RURAts and give nearest town)	
ly ly	Rospilat, Institution, or street address where death occurred.	Street No. 133 O. Cogello D.	****
ca	133 y Cogera DI.	(If rural/give LOCATION)	
ion care	How long in hospital or institution?	2.(a) If veleran, name war	•••
th	3. (a) FULL NAME	3. (b) Social Security Number	
information carefully of death clearly and	De Verdolph Dagia.	noul.	
of	4. Sex 5. Color or race 6.(d) Single, married, widewed, or divorced	MEDICAL CERTIFICATION	
of	male White married	20. DATE OF DEATH. While 29 19.47 at 9:30	DAM.
em	m. Palani	21. I CERTIFY that death occurred on the date above stated; that I attended deceaped from	4
it.	6.(b) Name of bushand or wife		47
every ite the	6.(c) It alive, give age Q years	1942 10 2910 2919	
te	7. Birth date of	and that I last saw h	<i></i>
	deceased (mo., day, yr.) faculary 19, 18 81	Immediate cause ut death Coronary DURATION	И
Supply ease wr	8. AGE: Years Months Days It less than one day	Infaction	
Supp	610 3 ,hrsmin.	[7)	
ple	1 + 1 4/1 10 10 11	On many collegion 11674	0
₩	9. Birihplace (Town, county, and state)	Due to.	Y. A
ADING INK Physicians:			
Cis	1D. Usual occupation Vellemanian	Due to	
DIN	11. Industry or business		
Ph	12 Name Jolev Granes	Other conditions	
E .	E // + ' +/. T 2 = "		
WITH UNF important.	13. Birthplace Illgleia- Illgleia	(Include pregnancy within 3 months of death)	
42	14. Malden name Darbard Weller	Major findings of operations	
WITH	14. Malden name. Wattraca Wife the 15. Birthplace Decatres - Hungares		
	15. Biringiace	Date of op	
Ey.	16. Informant / W. Mary C. Ofrange	Autopsy results.	
J.E	Address 133 N. Rogers 4th	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
PLAINLY, s especially	Address 150 ft. Vog go va	22. VIOLENCE: If death was due to external causes, fill in the following;	
L'A es]	17 William Date thereof last 7, 1941	Accident, suicide, or homicide	
E .22	(Burial, eremation, or removal. Whiteh?) (month) (day) (year)		
戶	Cemelery or crematory	Where did injury occur?	
WRIT	a hexdeens	Injured at home, farm, industry, public place (where?)	
WE	Location	Means of Injury Injured at work?	
	18. Funeral director Thewelf J Wales T David	0 0	
SE	Attender of mid	Yo (Lom)	
EA	Address WiftCall Part	23. SIGNATURE TO TRACTION TO THE TOTAL	
PLEA	may 2 4/ Pelle H. riley	laca (Slea And M. D. or other) -4	1
H	(Date rec'd by registrar) Registrar	Address Dale signed	.d

MARGIN RESERVED FOR BINDING

A15

MAY 5 1947

MARGIN RESERVED FOR BINDING

9.45-15 M

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH STANIEWS IN CERTIFICATE OF DEATH Reg. Diat. No. 180

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. (12 outside kity or town timits, write RURAL and give nearest town) Street No. (14 rural, give LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Danatium Vol.	Staviourski 2-006-104
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male with with	MEDICAL CERTIFICATION 20. DATE OF DEATH. 29. M
8,(b) Name of husband or wife Mary	21. I CERTIFY that death occurred on the pare above stated; that I attended decessed from
8.(c) If alive, give ageyears	Jan 19 75, 10 april 19 47
7. Birth date of	and that I ast saw h alive on a faith - 19 47
8. AGE: Years Months Days If less than one day 13 8 17	Immediato cause of death DURATION for teatural heaventage 5 hrs
9. Birthplace	Due to
12. Hame 1CM	Diher conditions arlening aclaration CV
H 14. Maiden name // / / / / / / / / / / / / / / / / /	(Include pregnancy within 8 months of death) Major findings of operations
18. Intermant Casimin & Slaviewski	Actopsy results
Address 30 N. Yakney St Baltimon 24 M 17 Bund Date the eof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or cremalory St. Supher:	Where did injury occur?
Location Tradshaw Balla to, Mid	Injured af home, farm, industry, public place (where?)
18. Funeral director Howard 15. Mc Comps Horse	Massas of Injury Injured at work?
Address abington Maryland.	23. SIGNATURE J. Caple Horky M. C.
18. April 18 47 mail m. Mouledale Registrar	Address Churcholle Mod Bate Signed gril 10

RECEIVED

APR 15 1947

FIFA R

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town	State Ma County County
How long in above glace of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Euphemia Sle	3. (b) Social Security Number
4. Sax 5; Color brease 6.(a) Single, married, withowest, or diversed	MEDICAL CERTIFICATION
Bemale Knite Hidage	20. DATE OF DEATH GAREL 12 19 47 . at 11: 40
6,(b) Name of husband or wife Dead Saac Ste	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
111001	april 1947 10 Ophil 12 1947
7. Birth date of	and that last saw her alive on Office 10 18 7
deceased (mo., day, yr.) (fune // 1000	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Chr. myocardial Risease 2 ym?
Washington by C.	-
9. Birthplace (Town/county, and atate)	Due to
10. Usual occupation Haurework	
11. industry or business 94 Home	Oue to
	On appair relation
12. Name horrar diddele	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name lia tusbell 15. Birthplace	Major findings of operations.
El 15. Birthplace	Date of op.
16. Informan / liss Ella diddell	Antopsy results
Man to Illed	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address you ung or //	VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, gremation, or remover, Whiteh') (Burial, gremation, or remover, Whiteh')	Accident, suicide, or homicide
Cemetery Assembly Popull Class	Where did injury occur?
Cocil Co Med,	
Location	Injured at home, farm, Industry, public place (where?) Means of Injury tnjured at work?
18. Funeral director D. J. D. Dauley	Means of Injury tnjured at work?
Address Darlington Add,	101 00 D Police do -
1/Amil, 12 was 11 1/2 1/2/2	23. SIDNATURE COLLEGARD F. M. D. or other
19. (Daje rec'd by registrar) Registrar	Address Forest Leel Md Date signed 4/12/49
(Dage rec u b) registrary	AUU CSS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



PLEASE WRITE PLAINLY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1/2)

Meens of Injury

23. SIGNATURE ..

E OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:
	The mother)
Siate Md	County
City or town	mits, write RURAL and give nearest town)
Streel No. (Ifrural, g	give LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
MEDICAL	CERTIFICATION
20. DATE DF DEATH.	124 1947 at 41
21. I CERTIFY that death occurred on the cate	above stated: that I attended deceased from
	.19. + to
and that I last saw hadalive on	
Immediate cause of death Court	- Tuesocardial DUBATION
failu	re 3tis
	······································
Ol A	
Due to	orchial Syear
arthma	
Ďue to	
Other conditions	
Uther conditions	
(Include pregnancy within	n 8 months of death)
Major findings of operations	
***************************************	Dale of op
Autopsy results	o which death should be charged statistically.
22. VIOLENCE: It death was due to external	I causes, till in the following:
Accident, suicide, or homicide	Date of
Where did injury occur?(City or tow	vn) (County) (State)
Injured at home, farm, industry, public place	

Injured at work?

M. D. or other,

1. PLACE OF, DEATH: write RURAL and give nearest town) 35 years How long in above place of death?..... Hospital, Institution, or street address where death occurred: How long in hospital or institution?. 3. (a) FULL NAME 6.(b) Name of husband or wife..... .6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) Months Days It less than one day 8. AGE: 1D. Usual occupation. 11. Industry or business 13. Birthplace 14. Malden na 15. Birthplace 14. Maiden name. (month) (day) (year) 18. Funeral director .. Address Registrar (Date rec'd by registrar)

RECEIVED

APR 28 1947

BUREAU VA

MARGIN RESERVED FOR BINDING

correct age

k.	
	5
	-
	RJ.
	-
	100
	83
	寸
	(h)

WRITE PLAINLY, is especially

PLEASE

VS A15 9.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 57.6

CERTIFICATE OF DEATH

185

1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of dealh? 7 423	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where deathy occurred:	Street No. 7/6 antario St
7/6 an/ario Vr.	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George Votert Mon	1650ce 074-07-6947
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male W. marriag	2D. DATE OF DEATH. 2D. DATE OF DEATH. 21 3 4 9. M
6. (b) Name of husband or wife Mary Clra Thompson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan 7 10 45 to apr. 14 194/
7. Birth date of 9 / 11 / 9 2 2	and that I last sew h. Mailive on 18 22.
deceased (mo., day, yr.) 8 A.C.F. Years Months Days If less than one day	Immediaio ause of death
6. AUL. 1	Wema
14 2 3hrsmin.	
9. Birthplace	Due to Cate Congente of Police
((180003)	
10. Usual occupation.	Due to
11. Industry or business Comernal an Co. 11.	
E 12. Name	Dther conditions
13. Birthplace Md.	(Include pregnancy within 3 months of death)
# 14. Maiden name / Matilaa / Miller	Major fiediogs of operations
14. Maiden name	Date of op.
16. Informant Mrs Mary Bloa Shombson	Aciepsy results.
nil or of the Windows And	PHYSICIAN: Please underline the cause to which death should be charged statistically.
72 . 1 / 12 // 2	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (paonth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. West Nattungham	Where did injury occur?
Coil (mall	Injured at home, farm, industry, public place (where?)
Location Clother Co.	Meens of Injury Lojured at work?
18. Funeral director	
Address I Havrede Trace Ting.	See SIGNATURE CONSULTED MAINTENANCE CONTRACTOR OF THE CONTRACTOR O
app. 16 . 47 W. L. Lewis Wa	M. D. or other
(Date rec'd by registrar) Registrar	Address CAYL O SYA O Date signed



Charles to the charles



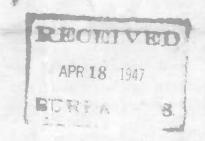
MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF STALLBARTH

Birth and Death Reg. Dist. No...

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:	2. USUAL RESIDENCE OF MOTHER:
County Harford	State Maryland
City or townAberdeen (If outside city or town limits, write RURAL and give nearest town) Street address, hospital, or institution: Sta HospAPG Length of mother's stay in County5. MO (How many years, or months, or days. SPECIFY WHICH)	County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1823 East Ave (If RURAL give LOCATION)
3. Name of child Marilinda Vale	4. Date of birth 16. April 19. 47 Hour 2:00 AM M.
5. Sex 6. Twin or triplet	7. No. of weeks pregnancy 31
FATHER OF CHILD	MOTHER OF CHILD
8. Full name Ramon Vale	12. Full maiden name. Lydia Vecilia Delgado
9. Color	13. Color. 14. Age at time of this birth 27 yrs.
11. Usual occupationSoldier	15. Usual occupation Housewife
	l): (a) How many children of this mother are now living? 2ead? (c) How many other children were born dead? Q
17. Did child die before labor? No During labor? No 18. Pregnancy, complications of Placenta Praevia	21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes "rematurity"
19. Labor: (a) Complications of None (b) Induced? No	(b) Maternal causes Placenta Praevia
20. (a) Was there an operation for delivery? No.	22. I certify to the birth of this child who was born dead* on the date and hour above stated.
(b) State all operations, if any(Yes or No)	Signature & Wigh auffly 1878 mg
(c) Did child die before operation?	(Specify it w. 5., midwire, or other)
During operation?	Address Sta Brogital Chellen Broged
23. (a) December (b) Date thereof (month) (day) (year) (c) Cemetery or crematory.	25. (a) (Date/rec'd by registrar) (Registrar) (Registrar)
24. (a) Funeral director	26. (To be filled out if no physician was present at delivery.)
(b) Address	The above certificate has been examined by me.
* See Instruction C on stub.	Health Officer, per



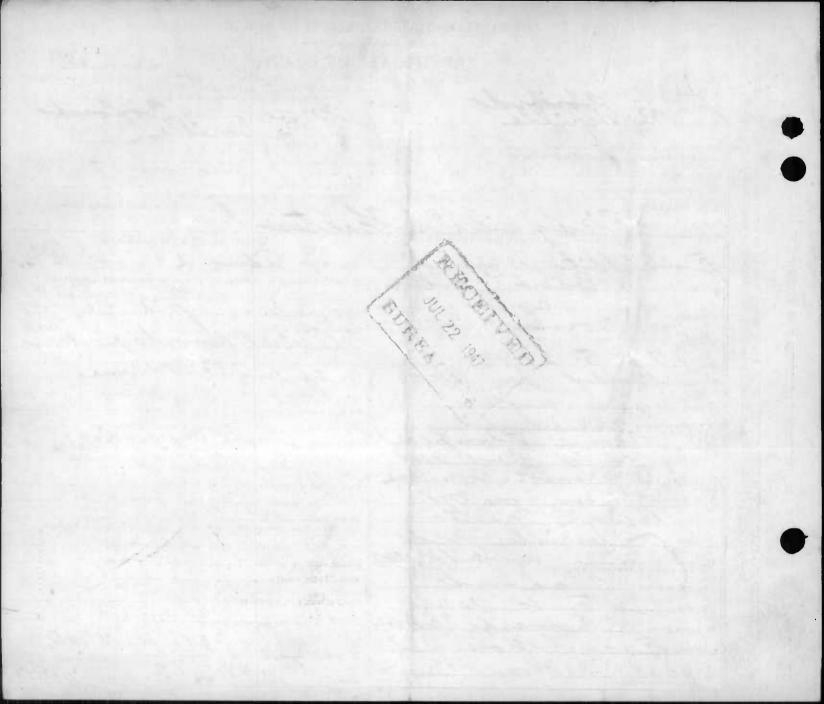


2411 N. Charles St., Baltimore 93d CERTIFICATE OF DEATH

2411 N. Charl	les St., Baltimore 93d
CERTIFICAT	TE OF DEATH Reg. Dist. No. 183
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (It putside city or town limits, write BORAL and give nearest town) Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Timbe White morning	20. DATE OF DEATH
6.(b) Name of husband or wife Pulled L. Haltes	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day min.	and that I last saw h alive on
8. Birthplace Town, county, and state)	Due to Hypertenne C-V disease
1D. Usual occupation	Due to
11. Industry or business Towns Thomas Towns Thomas Towns Thomas Towns Thomas Towns T	Dither conditions. Change Myseaching
14. Bailen name Morgantt Reynalds	(Include pregnancy within 8 months of desth) Major findings of operations
16. Informach to find the state of the state	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
11 Burial, cremation, or removal. Which?) Date thereof 27 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location	Meens of Injury Injury Injured at work?
18. Funeral director	Cip a Hunt M.P.
Oper 29 1847 Thomas P Brown (Nate ree'd by registrar)	23. SIGNATURE M. D. or other 4//28

H) MARGIN RESERVED FOR BINDING

A15 NS



2411 N. Charles St., Baltimore 95-6

OPPORTUGATION AND THE	OT	TART & PETER T
CERTIFICATE	OF	DEATH
	-	

		1000
Reg.	Diat.	No. /

	2411 N. Char	les St., Baltimore 95-6		
	CERTIFICA	TE OF DEATH	Reg. Dist. No	••••••
1. PLACE OF DEATH: County City or town. (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
How long in hospital or institution?		2.(a) If veleran, name war		
3. (a) FULL NAME Robert L	Walter		3. (b) Social Security	Number
	arried, widowed, or divorced		DATE OF DEATH	
8.(b) Name of husband or wife Sorothy Walter		21. I CERTIFY that death occurred on the date above stated; that I allended deceased from		
7. Birth date of deceased (mo., day, yr.) **The deceased (mo., day, yr.) **The deceased (mo., day, yr.)	alive, give ageyear	and that I last saw halive on		
8. AGE: Years Months Days	If less than one dayhrsmin	Immediais cause of death Acute Cardiac	Delotating	
B. Birthplace. Schenectaly Ny.		Due to Rhamata 14	art Sissess	***************************************
10. Usual occupation		Oue to		
12. Name Muntin Walter		Other conditions		•••••••
14. Maiden name ElMira Tree 15. Birthplace 16. Birthplace 17. Maiden name ElMira Tree		(Include pregnancy within 3 months of death) Major findings of operations.		
		Date of op.		
16. Informant Mrs Dorothy Walter		Autopsy results		
Address 1906 Camp Gell Aby - Schenectady NY Buncal Bate thereof April 25/47 (Burial, cremation, or removal, Which?)		22. VIOLENCE: If death was due to extern	nal causes, fill in the following;	
(Burial, cremation, or removal. Which?) Cemetery or crematory		Accident, suicide, or homicide		(State)
Location Scheweetady, Ny		injured at home, farm, industry, public pla Means of injury		
18. Funeral director 2.4 Gary 9. Faster Address Belan, M. o		Drod	Causes M. D	
191919	Registra	23. SIGNATURE	Hardison Example	4/21/

MARGIN RESERVED FOR BINDING

VS A15

